



JUL 25 2005

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## *Facsimile Transmittal*

DATE: July 25, 2005  
TO: USPTO  
ATTN: AMENDMENT  
RE: Serial No. 10/027,638  
FAX : 571-273-8300  
FROM: Kenyon Jenckes

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT  
TRANSMITTAL FORM (1) PAGE; AMENDMENT IN ( ) PAGES;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

RECEIVED  
OIPE/IAP

JUL 26 2005

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

7/25/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 010286  
In Re Application of: Charles J. Persico  
Serial Number: 10/027,638  
Filed: December 21, 2001  
Examiner: Thuan T. Nguyen  
Group Art Unit: 2385

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	32	15	0	x \$50 =	\$0
Independent**	3	7	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$120

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/25/05

Signature: Kenyon Jenckes, Reg. No. 41,873  
858-651-8149QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 7/25/05

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Daria Kosmedo  
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

Appl. No. 10/027,638  
Amdt. dated 7/25/05  
Reply to Office Action of 3/23/05

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PATENT  
Docket: 010286

JUL 25 2005

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In Re Application of****Charles J. Persico****Serial No. 10/027,638****Filed: December 21, 2001**

)  
)  
) **For: GENERATING LOCAL**  
) **OSCILLATOR SIGNALS FOR**  
) **DOWN CONVERSION**  
)  
)  
) **Group No. 2685**

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 23, 2005, the time for responding having been extended one-month until July 23, 2005, please amend the above-identified application as follows:

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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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**FACSIMILE**

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Depositor's Name: Darla Masmedo  
(type or print name)

Signature: \_\_\_\_\_